



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF PLANT INDUSTRIES
**2016 SPOTTED WING DROSOPHILA (SWD)
 INSECTICIDE COST-SHARE APPLICATION**

Mail SWD application, Vendor Input form and receipts to:
 Plant Industries, SWD Cost Share Program
 Missouri Department of Agriculture
 P.O. Box 630
 Jefferson City, MO 65102-0630
Must be postmarked by September 15, 2016

SECTION 1 - GENERAL INFORMATION PLEASE PRINT OR TYPE

NAME AS SHOWN ON FEDERAL TAX RETURN		DAYTIME PHONE NUMBER(S)	
CONTACT NAME (IF DIFFERENT)		LIST COUNTY(S) WHERE CROPS ARE GROWN	
ADDRESS	CITY	STATE	ZIP CODE
PESTICIDE APPLICATOR LICENSE NUMBER (PROVIDE IF APPLY RESTRICTED USE PESTICIDES)			

SECTION 2 - CROP INFORMATION

- Indicate acreage of crops grown for berry sales (fresh or processed) in 2016 that are susceptible to SWD infestation.
- Only include acreage for crops of bearing age, do not include non-bearing acres because they are not at risk.
- Eligible crops in 2016 are blackberry, blueberry, raspberry, elderberry and late-season strawberry.

CROP	ACRES	CROP	ACRES	CROP	ACRES	CROP	ACRES	CROP	ACRES
Blackberry		Blueberry		Raspberry		Elderberry		Late-season Strawberry	

SECTION 3 - INSECTICIDE PRODUCT INFORMATION

- Complete information below and send verification of purchase price (receipt or invoice; copies must be legible) for each insecticide product purchased for SWD cost-share; do not include tax or shipping charges.
 - Insecticides must be used during the 2016 season.
 - Insect exclusion netting (1 millimeter holes or smaller) is eligible for cost-share.
- Insecticide cost-share program will reimburse 50% of purchase price up to a total of \$750 per grower for the 2016 season.**

Insecticide Name	EPA Registration Number (see label)	Product Cost (no shipping or tax)	Quantity Purchased

SECTION 4 - CERTIFICATION AGREEMENT

I certify that I grow the crops listed and used the insecticides above during the 2016 growing season. I certify that all of the information entered on this application is true and correct. All information provided herein is subject to audit by the Missouri Department of Agriculture and records pertaining to this application must be maintained for a period of five years.

APPLICANT NAME	
SIGNATURE (REQUIRED)	DATE

Questions? Contact: Anastasia Becker Phone: 573.526.0837 Email: anastasia.becker@mda.mo.gov Must be post-marked by September 15, 2016	TO BE COMPLETED BY MDA
	TOTAL INSECTICIDE PURCHASE COST
	COST-SHARE AMOUNT (50%)



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

***REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN 	*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
	*TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____
	DATE OF CHANGE
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE 	PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
	PREVIOUS NAME
	PREVIOUS ADDRESS
PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE 	COMMENTS

TO BE COMPLETED BY FINANCIAL INSTITUTION	
NAME/ADDRESS OF FINANCIAL INSTITUTION 	<input type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.
DEPOSITOR ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER	
NAME ON ACCOUNT	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION	*VENDOR SIGNATURE X
PRINT NAME	*PRINT NAME
TITLE	*TITLE
TELEPHONE NUMBER DATE	*TELEPHONE *DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) **Exempt from Backup Withholding**

Under penalties of perjury, I certify that:

I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**

II. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**

III. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES. (SHADED FIELDS)

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

Signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

CONDITIONAL FIELDS

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If purchase orders are to be sent to a different address, enter a PURCHASE ORDER NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.